

Farm Tax Questionnaire

Year _____

Last Name (Please print or Type)		First Name & Initial (husband's if combined return)		Spouse's First Name and Initial	
		Your Social Security Number		Spouse's Social Security Number	
Home Address (number and street or rural route)				HOW TO CONTACT ME:	
City or Post Office		State	ZIP Code	TELEPHONE NUMBER: () —	
Taxpayer's Occupation			Taxpayer's Date of Birth	FAX NUMBER: () —	
Spouse's Occupation			Spouse's Date of Birth	CELL PHONE NUMBER: () —	
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township		} OF: _____ _____			
County of:			EMAIL ADDRESS:		

Dependents

Dependents Name	Date of birth	Relationship	Social Security Number	Number of months lived in home
1.				
2.				
3.				
4.				
5.				

Assets Purchased – Buildings, Land, Machinery, Livestock

Date	Item	Cost	Paid to Boot	Item Traded

Farm Expenses

Chemicals & Spray Materials	
Conservation	
Land clearing: (no longer deductible – must be added to cost of land)	
Custom Hire/Machine Work	
Feed Purchased	
Fertilizers & Lime	
Freight & Trucking	
Gasoline Fuel & Oil -	
Calculate the total number of gallons of gasoline that you paid Federal Highway Tax on but were used for non-highway use. Record number of gallons here. (Do not include car & pickup truck)	
Insurance:	
Fire & Wind	_____
Hail & Crop	_____
Farm Liability	_____
Vehicle	_____
Interest – Mortgage - Buildings/Land (paid to Financial Institution only)	
Other Interest Farm obligations (Do not include car/pickup truck)	
_____	_____
_____	_____
_____	_____
Labor hired	
Wages to spouse	_____
Wages to dependent children (under 18)	_____
Commodity wages	_____
Regular	_____
Rent – Equipment	
Rent – Land, Buildings	
Repairs & Maintenance - Equipment	
Repairs & Maintenance - Buildings	

Seeds & Plants	
Storage & Warehousing	
Supplies	
Taxes –	
Real Estate Taxes	_____
Payroll Taxes	_____
Utilities:	
Electricity - total	_____
Telephone	_____
Cellular Telephone	_____
Internet Service	_____
Other (specify)	_____
Veterinary fees & Medicine	
Breeding Fees	
Milk Check Deductions:	
Dairy Promotion	_____
Capital Retains	_____
Milk Hauling	_____
_____	_____
Advertising	
Professional Fees - Business	
Milk Testing	
Employee Benefit Programs	
Farm Organization Dues	
Meals Served to Hired Help _____	
Office Supplies/Postage – Business	
Farm Travel – Overnight Lodging	

Automobile and Pickup Truck Expenses

Item	Vehicle 1	Vehicle 2	Item	Vehicle 1	Vehicle 2
Odometer reading – beginning of year			Gasoline, oil, lube		
Odometer reading – end of year			Repairs, wash, wax, anti-freeze		
Total business miles			Tires, batteries, supplies, etc.		
Parking, tolls, license			Insurance		
Interest expense			Other (specify)		

If you have any questions, please give us a call.
(608) 534-6558

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